



PUBLIC HEALTH IMPROVEMENT PLAN

TEXAS STATE

COMPREHENSIVE STRATEGIC

AND OPERATIONAL PLAN 2004

TEXAS DEPARTMENT OF HEALTH

PUBLIC HEALTH IMPROVEMENT PLAN

The Texas Department of Health's
Comprehensive Strategic and Operational Plan 2004

Submitted August 31, 2004



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FOREWORD

The Public Health Improvement Plan marks the evolution of strategic health planning from an internal process of the Texas Department of Health (TDH) to a process shared and acted on by the public health system in Texas. The state's public health system is comprised of many broad-based public and private health partners whose collective mission is to improve health status in Texas. These partnerships are key to better coordination of scarce resources directed at the most compelling challenges to health in this state.

To make a difference in health status, Texas health system partners must work toward common public health improvement goals. No single entity, such as TDH, can unilaterally move a population closer toward a culture of health. This transformation in public health planning is cast in the formation of the Texas State Strategic Health Partnership (the Partnership). Though the Partnership originated in the planning efforts at TDH, the Partnership has become the means to focus significant collaborative resources and action toward disease prevention and health promotion.

Serving as a marker of success, the Partnership continues to engage needed partners, recognizing that the important job of health improvement is a shared responsibility and broader in scope than any agency or sector.

We gratefully acknowledge the work of our many partners as we put forth this report of progress and implications for the next two years. When the Department of State Health Services (DSHS) comes alive on September 1, 2004 and TDH no longer exists, a new era begins for state government in the public health system. Our name will change, but public health will continue to build upon the foundation created by the Partnership as we work to integrate mental health and substance abuse prevention into a comprehensive public health effort.

We are proud to look back over the last two years and see that the work of the Partnership has already set the stage. It's in that same spirit of partnership that we look to the future and a new vision for the health of the people of Texas.

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August 31, 2004



RECOMMENDATIONS FOR 2005–2006

Based on the principle that health status improvement occurs through the public health system, and building on the action set in motion by the Texas Board of Health, the Commissioner of Health, and the Texas Department of Health (TDH) in the ***TDH Comprehensive Strategic and Operational Plan: A Blueprint for Public Health Improvement*** and the ***Public Health Improvement Plan 2002***, the following steps are recommended to continue public health improvement in Texas through FY2005–2006:



Submitted by the Executive
Committee of the Texas State
Strategic Health Partnership

1. Formalize the leadership role of the Texas State Strategic Health Partnership (the Partnership) and its relationship to the Department of State Health Services.

With the creation of the new Department of State Health Services (DSHS), the Partnership would serve as a broad-based forum for addressing health status challenges and the need for a better-coordinated public health system, and for evaluating Texas' success at achieving its health and public health system improvement goals. This forum would allow organizations, groups and agencies with interest in health status and the public health system to gather, debate and align their actions. With its diverse and multi-sector membership, the Partnership should also serve as an informational resource to the statutorily designated DSHS Advisory Council and to the Health and Human Services Commission.

2. Develop or secure opportunities for the Texas State Strategic Health Partnership to articulate best practices associated with prevention and with enhancing the capacities of the public health system in Texas.

Members of the Partnership represent a consortium of experience and researched knowledge on effective strategies for public health improvement. The Partnership can serve as a valuable resource for identifying and deploying strategies that result in a return on investment and that are shared and established across multiple levels and sectors of the public health system.



3. Seek private/public funding solutions/options for population-based health.

By forging private/public linkages and finding shared concerns, the Texas State Strategic Health Partnership can lead to shared commitments in the form of private/public funding solutions/options.

4. As future steps of transition occur in the Texas Department of State Health Services, the department should continue to emphasize improved coordination of its public health services and processes.

TDH took steps under the past two Comprehensive Strategic and Operational Plans to ensure that its internal processes supported high quality program operations and services for the people of Texas. Since improvements to the state governmental public health agency can and should benefit the whole public health system, the Partnership recognizes the opportunity for further progress as DSHS continues the transition mandated by House Bill 2292 (78th Regular Session, 2003) and under the direction of the Health and Human Services Commission.



TEXAS STATE STRATEGIC HEALTH PARTNERSHIP

From Concept to Foundation: Public Health Improvement through the Texas State Strategic Health Partnership

In 1998, the 76th Texas Legislature charged the Texas Board of Health with producing a “Comprehensive Strategic and Operational Plan.” As outlined in Texas Health and Safety Code Chapter 11, the plan is expected to drive coordination of services of the Texas Department of Health (TDH) to achieve its mission to protect, promote, and improve the health of Texans. The statute puts special emphasis on working with stakeholders to determine what services are needed and useful.

This *Public Health Improvement Plan 2004* is the product of a comprehensive and strategic approach to meeting that charge.

Planning in Partnership

As noted in the previous *Public Health Improvement Plan 2002*, “Partnerships enable the public health community to take concerted action with traditional and non-traditional stakeholders while concurrently building a culture for health to promote and protect its people, families, and communities.”

Seeking to achieve real and lasting improvements in the state’s public health system and health status, the Texas Commissioner of Health convened the Texas State Strategic Health Partnership in 2002 to coordinate efforts toward common health improvement goals. The Texas State Strategic Health Partnership is made up of public and private organizations that have come together to share responsibility and accountability for creating a healthier Texas. As a public health change agent, the “Partnership” has declared its intent to transform how the public health community thinks about and acts on a shared vision for solving the state’s most pressing public health concerns. With viable solutions and the political will to act on behalf of the common good, nearly 100 organizational partners along with TDH have committed to improving the health of the community called Texas.

The Partnership identified a set of priority goals for public health improvement, outlined in January 2003 in the *Texas Declaration for Health*. Six goals relate to health status challenges and the other six address improvements in the public health system so that it’s better able to respond to the health status challenges of Texas.

Since that time, the Partnership members have taken the responsibility to develop the goals, define clear actions to take, and propose measures of success by the year 2010.



December 1, 2002

TEXAS DECLARATION FOR HEALTH

To fully enjoy the benefits of a prosperous and growing state, Texans and their communities must be healthy. Disparities in health among the people of Texas are not acceptable. The public health system must be effective and efficient in preventing disease and protecting all Texans from health threats.

We, the organizations affixing our signatures to this declaration, represent the length and breadth of Texas. We believe the public health system is the cornerstone of our state's health care system. We believe that the public health system can and must be improved to better meet the needs of all Texans.

Recognizing that "public health" includes all the activities that society undertakes to assure the conditions in which people can be healthy, and that health improvement depends on the actions of individuals, communities, and public and private partners, we, the undersigned, pledge to work together and share responsibility and accountability for creating a healthier Texas by the year 2010.

- ~~We~~ must promote healthy eating and safe physical activity.
- ~~We~~ must reduce the disease, disability, and premature death that result from tobacco use, risky sexual behavior, substance abuse, and violence.
- ~~We~~ must promote mental health and individual and community social connections to improve prevention, early detection, and treatment of mental disorders.
- ~~We~~ must increase the rates of high school graduation, adult literacy, college attendance, and other advanced education and training to improve socioeconomic and health status.
- ~~We~~ must reduce health threats caused by environmental and consumer hazards.
- ~~We~~ must take steps to reduce infectious diseases by raising rates of timely immunizations for children and adults.
- ~~We~~ must change state statutes and local policies to ensure that essential public health services are available for all Texans.
- ~~We~~ must build a system of collaborative partners to provide necessary public health services.
- ~~We~~ must inform every community in Texas of the function, purpose, and availability of the state's public health system.
- ~~We~~ must train the workforce of the public health system to meet evolving public health needs.
- ~~We~~ must create a flexible funding system that supports public health.
- ~~We~~ must base decisions on state and local level health indicators obtained through a reliable data collection and reporting system, while protecting the privacy of Texans.
- ~~We~~, the undersigned, dedicate ourselves to the cause of public health and to the community called Texas, and to its future. We urge our fellow Texans to join us in this vital mission.

— Public Health Improvement Steering Committee —

Texas Department of Health

Texas Health and Human Services Commission

Texas Education Agency

Health Disparities Task Force

Texas Environmental Health Association

Paso Del Norte Health Foundation

Texas Health Foundation

Preparedness Coordinating Council

Texas Medical Association Council on Public Health

Texas Institute for Health Policy Research

Texans Care for Children

Texas Alliance for Healthy Communities

Texas Nurses Association

Texas Association of Counties

Texas Public Health Association

Texas Association of Local Health Officials

Texas Public Health Training Center

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PHIP FRAMEWORK — ELEMENTS OF ACTION

The Public Health Improvement Plan 2002 described four broad areas in which focused action was needed. They are:

1. **Leadership**, respecting a recognized role for TDH within the public health system and addressing the capacity of TDH to fulfill that role;
2. **Health Status Assessment and Improvement**, addressing the need to assess and identify priorities among the state's health status challenges;
3. **Health System Response**, addressing the capacities of the public health system to perform its expected duties effectively and efficiently; and
4. **Evaluation**, acknowledging that ongoing improvement depends on measurement of impact and application of lessons learned.

The four “elements of action” formed the framework of the plan’s proposed activities in two directions: looking *externally* in terms of TDH as the state governmental agency among the members of the public health system, and looking *internally* in terms of the systems, processes, and programs within TDH. By this framework, Target One of the 2002 plan described a course of action to convene and activate the state’s partners in the public health system around shared priority public health improvement goals. Target Two described a course of action for TDH to take to ensure that its internal processes supported high quality program operations and services for the people of Texas, with focus on administrative and operational support improvement as well as public health service coordination.

In the most successful of the plan’s activities, the distinction between internal and external quickly blurred as stakeholders in the department’s work became engaged as part of the department’s improvement processes.

Implementing the Plan in a Changing Environment

Shortly after the Partnership identified its shared priority goals, the 78th Legislature considered a major restructuring of health and human service agencies. House Bill 2292, passed in May 2003, instituted profound changes with impact on TDH and public health services in Texas.



HB 2292:

- Consolidated the duties and functions of existing state agencies into a single new health and human services enterprise comprised of the Health and Human Services Commission (HHSC) and four new departments.
- Transferred rulemaking and policymaking authority to HHSC, and consolidated administrative functions and program support functions under the authority of HHSC.
- Created the Department of State Health Services to incorporate the program service powers, duties, functions, and activities of TDH, Texas Commission on Alcohol and Drug Abuse, Texas Health Care Information Council, and the mental health areas of Texas Department on Mental Health and Mental Retardation.
- Created the State Health Services Council to study and make recommendations on department management and operations, and to assist in rule and policy making.



With the goal of improving services, enhancing accountability, and increasing efficiencies, the restructuring of health and human service agencies brought about new opportunities for a coordinated, integrated approach to public health services by state government. These changes at once provided a broader context for public health improvement through the new Department of State Health Services (DSHS), and set into motion structured processes for ongoing transformation and optimization improvement of the department's operations.

Many of the principles, processes, and activities plotted in the Public Health Improvement Plan 2002 to address the charges in Texas Health and Safety Code 11.0045 were compatible with the direction of HB 2292 and the vision of the Health and Human Services Commission (HHSC), and in effect gave a head start for public health system improvement. This is true for Target One with the formation of the Partnership and subsequent delineation of public health improvement goals, and for Target Two with the development of internal processes and activities associated with TDH's business process, transformation and service integration and innovation functions.

Two years of work in partnership has occurred during a time of major change for health and human services in Texas. DSHS will inherit a foundation of collaboration — including an engaged and articulate core of public health system partners who understand and share common public health goals and priorities — that will be instrumental in building a new department with an appropriate leadership role in an ever-improving public health system.

The final work that remains for Texas Department of Health under the Public Health Improvement Plan 2002 is to convey its progress, to report what that progress implies for future steps, and then to pass the torch for public health improvement with the Texas State Strategic Health Partnership to the new Texas Department of State Health Services.



“DSHS will inherit a foundation of collaboration —including an engaged and articulate core of public health system partners who understand and share common public health goals and priorities”



TARGETS FOR IMPROVEMENT

Progress toward *Public Health Improvement Plan 2002* Targets for Improvement

TARGET 1:

Improve the health of Texans through a coordinated and system-wide effort, involving all public health partners.

Leadership

Initiate a statewide discussion that will address health status challenges and the need for a better-coordinated public health system.

OUTCOME: In October 2002, Commissioner of Health Eduardo J. Sanchez convened the Texas State Strategic Health Partnership. This group of broad-based public health system partners agreed that in order to make a difference in the health of Texans health status challenges needed to be defined and the public health system aligned to address those challenges and emerging health threats. The origins of the Partnership are described in the *Texas State Strategic Health Plan Part III: Texas Declaration for Health* at <http://www.tdh.state.tx.us/sshp/SSHP_Declaration_for_Health_III.pdf>.

Guided by an Executive Committee that teleconferences monthly, the Partnership chose to remain active beyond its initial meetings in the fall and winter of 2002. Notable steps by the Partnership included a statewide interactive teleconference in June 2003 to provide a process check for chairs of the goal workgroups; a First Annual Partnership Symposium in September of 2003; the selection of a Partnership Co-Chair in November 2003 to assist the Commissioner in reaching business and philanthropic sectors; an initial gathering of leaders in business and philanthropy to discuss public health concerns in March 2004; and a meeting of Partnership chairs in June 2004 to review progress to date.



Health Status Assessment and Improvement

Identify the major health risks facing Texans and establish specific health goals to improve the health of Texans

OUTCOME: Subcommittees of the Partnership were formed in October 2002 in order to recommend public health improvement goals. The goals were determined and approved by the Partnership Steering Committee in December 2002, and published in the document *Texas Declaration for Health: Texas State Strategic Health Plan Part III*. Six of the goals address major challenges to health status. Included in the Declaration were public health system partners' contributions to those goals as their Commitments to Texas, illustrating collaborative alignment of resources to achieve the goals.

The next step required implementation of the goals by the public health system partners. More than 100 organizations have committed to the public health improvement goals to date and have or are serving as member organizations on the goal workgroups formed as a result of the consensus process. The groups' ongoing progress with their respective goals can be monitored through periodic updates on the Partnership website at <http://www.tdh.state.tx.us/sshp/default.htm>.

Public Health System Response

Identify the major challenges facing Texas' public health systems and establish specific system improvement goals to be addressed by the year 2010.

OUTCOME: The process described directly above also produced six goals for improving the public health system. Likewise, these six goals are being addressed by goal workgroups, and partners have submitted public health system goal-related Commitments to Texas.

Evaluation

Evaluate Texas' success at achieving its health and public health system improvement goals.

OUTCOME: Goal workgroups are at the early stages of defining best practices and outcome indicators. By doing so, partners reach consensus on what's best for Texas and define the means by which they will measure their success at public health improvement.

Target One Implications for the Future:

The Partnership meets an important need for Texas by bringing together the diverse members of the public health system and stimulating them toward aligned action. The Partnership has been able to accomplish much more for planned public health improvement together with TDH than TDH would have been able to do alone. The Partnership should be sustained as TDH is abolished and DSHS takes on state government's public health duties and responsibilities.



Though formal process evaluation has not been conducted, a process review of Partnership leaders and anecdotal information from chairs and members have provided some lessons:

- Members from the public and private sectors bring widely different assumptions of the role the state public health agency should play in the public health system. The Partnership can bring life to a model that's right for Texas, including clarification of expectations for the Commissioner of Health as convener and DSHS as a state governmental member of the system.
- Resources, experiences, capacities, and abilities vary considerably among members of the public health system. While the heterogeneity of the members is an asset of the system, there are ongoing opportunities to develop the leadership and practice skills of the system's members, who by definition make up the state's public health workforce.
- The Partnership needs a clearly identified "home" to sustain the efforts of individual members. Texas' public health partners in the public and private sectors have contributed considerable skill and in-kind resources to help shape and guide the Partnership and to develop action plans around the priority goals (in addition to their day to day work as public health practitioners). Partnership leaders have not yet examined questions of formalized governance for the group. But whether it takes form in a not-for-profit organization, the private sector, a governmental body, or some mix, Partnership leaders have clearly expressed that some consistent and dependable "home base" must be in place to help support and nurture the work that members bring to the initiative.

TARGET 2:

Ensure highly effective and efficient operations and management of the Texas Department of Health and its resources to promote, protect, and improve the health of Texans.

Leadership

Provide and maintain TDH's leadership role in the state public health system

OUTCOME: As the leader of the state public health system, the Commissioner of Health convened the Texas State Strategic Health Partnership and engaged the leadership and support of the private sector through Partnership Co-Chair Milla Perry Jones. Through this leadership the Partnership has taken strong first steps outlined under Target One above.



Partner with stakeholders to make informed public health policy recommendations and implement policy decisions

OUTCOME: A number of specific projects within TDH helped set expectations and standardize processes for department staff to include external stakeholders in policy discussions, including a rulemaking process policy to provide clarity for stakeholders' interaction. The formation of the Partnership provided a mechanism to efficiently identify, reach, and include stakeholders across the spectrum of public health interest areas. As evidence of the success of the Commissioner of Health's consistent message that stakeholder involvement would be standard operating procedure for TDH, the 2003–2004 Survey of Organizational Excellence of department employees ranked how the department sought out, worked with, and responded to relevant external entities as the highest relative strength. The new organization structure for DSHS includes a **Center for Customer and External Affairs**, charged with coordinating stakeholder relations for the department.

Align department policies and action plans with state public health needs

OUTCOME: Alignment of departmental policies and action plans began with identifying the most important priority initiatives for TDH. In addition, a TDH functional review initiated in the summer 2003 further coordinated plans and activities around priorities with a subsequent reporting of priority initiatives to the department's Operations Council in FY 2004. (See TDH Health Improvement Priorities below.) The new organizational structure for DSHS includes a **Center for Policy and Innovation**, charged with ensuring that policies are developed and implemented with consistency throughout the department and the health and human services enterprise.

Health Status Assessment and Improvement

Enhance the collection and use of health information for public health improvement

OUTCOME: In December 2002, TDH established the **Center for Health Statistics** (CHS) to serve as the department's focal point for the analysis and dissemination of useful health-related data/information to improve public health in Texas. CHS brought together data related functions within TDH and from the Texas Health Care Information Council to integrate and standardize collection, processing, and dissemination of health information. In April 2003, the Director of CHS was named Co-Chair of Goal L (Data Workgroup) by the Steering Committee of the Partnership. The goal of the Data Workgroup (Goal L) is: *By 2010, the Texas public health system partners will be informed by, and make decisions based on, a statewide, real-time, standardized, integrated data collection and reporting system(s) for demographic, morbidity, mortality, and behavioral health indicators accessible at the local level which also protects the privacy of Texans.* The Data Workgroup consists of a variety of health data, information experts, stakeholders, and users across Texas. Based on the feedback of more than 50 external and internal stakeholders, CHS produced an Action Plan in July 2003 to maximize access to useful health data/information in Texas.



The CDC-developed **NEDSS Base System** (NBS) for statewide Web-based reportable disease surveillance has been installed and is being deployed in Texas. Training for system users at local health departments, regional offices, and at the central office is underway. The NBS will provide a robust system for real-time collection, management, and analysis of the state's notifiable disease data - data that are instrumental for detecting and responding to disease outbreaks, including bioterrorism.

Establish TDH Health Improvement Priorities in response to statewide public health improvement needs

OUTCOME: As with any population, a review of the health status measures for the state of Texas shows many challenges and opportunities for improvement. Led by the Commissioner of Health, TDH has identified four public health priorities based on the potential impact on the health of the state and on the ability to do something about them. They are: rising rates of obesity, immunization rates for children, public health preparedness, and the disparities in health status among population groups. With each priority assigned to an executive sponsor, TDH developed an action plan for internal programmatic response and for external partner linkage opportunities.

To respond to rising rates of **obesity** in Texas, TDH has taken measures to promote **healthy eating and regular physical activity** with public health partners throughout the state. A Nutrition and Physical Activity Workgroup was established within TDH to enhance coordination among department programs and to stimulate alignment of policies and planned actions. Notable activities of the department with its partners over the last two years include: formation of an Obesity Task Force and the development and distribution of the *Strategic Plan for the Prevention of Obesity in Texas*; development and funding of community coalitions; development of a Continuing Medical Education program on diagnostics and counseling for family physicians in Texas with the Academy of Family Physicians; conducting formative research to determine appropriate education and counseling messages for Hispanic families; development and deployment of focused physical activity and nutrition programs with schools, worksites, and for the age 65+ population with Texas Department on Aging; conducting a *Current and Future Cost of Obesity* study with academic institutions, Texas Medical Association, and Texas Department of Agriculture; collaboration with the Governor's Office on the Texas Roundup and Council on Physical Fitness; and, development of a physical activity and nutrition website that will provide communities with data and information on best practices in schools, communities and worksites.

To respond to the risk of vaccine-preventable diseases, TDH developed strategies to increase **immunization rates**. These strategies included modification of TDH internal structures and processes to help external providers and the department to provide immunizations where most needed, such as improved vaccine management through the Pharmacy Inventory Control System and enhancements to the Texas immunization registry (ImmTrac) system for patient recall/reminders when immunizations are due. Along with participation in the workgroup for Partnership Goal F: By 2010, *reduce*



infectious disease in Texas with a focus on increasing rates of timely immunization among Texas children and adults, partnership efforts included notifying state agencies of the mandate requiring them to plan strategies for increasing public awareness of the need for early childhood immunizations, and working with Texas Medical Association (TMA) in their Be Wise-Immunize Program to increase the use of reminder/recall programs in physician's practices.

To respond to the greater burden of disease and premature death experienced by racial and ethnic population groups in Texas, TDH is addressing minority health issues and **health disparities** by integrating minority health strategies in all programs. The Office of Minority Health (OMH) and the statutorily created Health Disparities Task Force (HDTF) are working closely in identifying cross cutting strategies, broadening research and data, increasing awareness, establishing partnerships to mobilize stakeholders and the larger community, and guiding the development of policies to improve health status measures where disparities among populations exist. In FY 04, OMH and HDTF have concentrated their efforts on six focal areas of disparities in health access and outcomes. They are:

- Promoting childhood immunizations and increasing immunization rates among minority populations;
- Promoting increased regular physical activity and fitness for racial and ethnic minorities;
- Decreasing obesity among racial and ethnic minorities;
- Discouraging tobacco use among minority youth;
- Reducing risky behavior among minority youth and adults; and,
- Promoting adequate prenatal care among minority women.

Public Health System Response

Enhance preparedness of the public health system to provide Essential Public Health Services and strengthen current public health practice in Texas' local communities.

OUTCOME: Major developments for improving the capacity of the public health system came through federal funding for preparedness for hazards, naturally occurring and intentional. To streamline and better coordinate **preparedness initiatives** in the department, TDH merged the Office of the State Epidemiologist and the Office of Emergency Preparedness to form the **Center for Public Health Preparedness and Response** (CPHPR). CPHPR is charged with oversight of actions and deployment of federal preparedness-related funds statewide for hospital preparedness, communications and information networks, laboratory capacity building, preparedness planning and readiness assessment with local jurisdictions, surveillance and epidemiology, and education and training. CPHPR is TDH's point of coordination for statewide system preparedness, working with various health and emergency related groups such as the Governor's Office on Texas Homeland Security, the state Emergency Operations



Center, the Federal Bureau of Investigation, the U.S. Military, health professional associations, and academic institutions. Major coordination efforts have included convening the Weapons of Mass Destruction Task Force, and the Preparedness Coordinating Committee, which assists the Commissioner of Health in overseeing federal cooperative agreements on preparedness.

Deploying state resources to build up basic public health practice capacity at the local level, TDH's **Office of Public Health Practice** assisted existing local health departments and worked with local officials in counties with limited or non-existent public health infrastructure to enhance or create their public health capacity. Activities included assessing county level health status and identifying public health priorities; assessing local public health system strengths and weaknesses; providing technical assistance at the local/regional levels to develop community and system improvement plans; and, working with local officials to establish health authorities, public health advisory councils, and new health departments in their jurisdiction.

Manage business practices for efficiency and effectiveness

OUTCOME: TDH conducted department-wide reviews and processes to assess and recommend improvements to administrative and programmatic business, through the coordination of the **Business Improvement Office**. The office monitored and promoted implementation of the TDH Business Practices Evaluation/Business Improvement Plan, conducted focused business improvement reviews including the Immunization Program, Bureau of Vital Statistics, ProCard purchasing, and South Texas Health Care System, and formed and staffed the TDH Operations Council to coordinate agency operations and promote effective transition within the Health and Human Services system.

Some department-wide business processes required targeted and intensive work by teams to assess, recommend, and implement improvements. The Fiscal and Administrative Improvement Response (FAIR) teams addressed accounting, budgeting, revenue management, information resource management, human resource management, contracting/purchasing, and grants management. Accomplishments included consolidation of administrative support staff previously located throughout program areas into Administrative Service Centers with standard processes and procedures; standardization of bill paying processes; consolidation of contract management and procurement staff from throughout TDH and coordination of their processes; and, streamlining of the FY-04 budget development process. Other functions are under review in consolidation with the Health and Human Services Commission.

Information technology (IT) governance processes and standards were established for TDH, better ensuring efficient and effective delivery of automated solutions that support improved health care and prevention services. Approval of Business Cases, including expected public health impact, is required prior to the initiation of an IT project. Implementation of the Security Standard has resulted in improved consistency of network perimeter protections, decreased "spam" and improved response to network threats and attacks. Regular monitoring of compliance with project management standards has increased accountability for project progress and results.



The implementation of IT governance and the subsequent consolidation of IT functions have resulted in improved opportunity to identify and focus on e-government initiatives. The Bureau of Vital Statistics is in the process of a statewide rollout of the new web-based Birth Certificate Registration and Customer Service System, and has received a \$500,000 grant from the Social Security Administration for a web-enabled system for registering deaths. The Women, Infants and Children Electronic Benefits Transfer systems has completed development and initiated a pilot project for 85 grocery stores in west Texas for integrated services through “smart card” technology.

Along with TDH’s progress in improving management processes internal to the department, the passage of HB 2292 by the 78th Regular Session in 2003 carried business improvement to higher and broader levels through its transformation of service programs, administrative services, and programs support services across the state health and human services enterprise.

Increase programmatic effectiveness and efficiencies

OUTCOME: The creation of DSHS by HB 2292 optimizes the department’s administrative, program support, and programmatic service functions, driving improved effectiveness and efficiencies of operations from the perspectives of the department’s clients and service users. A new organizational structure for DSHS brings duties of TDH, Texas Commission on Alcohol and Drug Abuse (TCADA), Texas Health Care Information Council (THCIC), and Texas Department of Mental Health and Mental Retardation’s (MHMR’s) mental health areas into more streamlined, functional organizational units and consolidates administrative support and program support for greater centralized coordination. As DSHS forms, staff are developing strategies for structural and functional improvement in six key dimensions of the department’s work: clients; service delivery; employees; infrastructure and processes; organization; and, partners, stakeholders, and providers. The new structure includes a **Center for Program Coordination** as the leverage point for ongoing business improvement in the department’s programs.

As directed by Health and Safety Code, §12.0115, (b) which charges the department with integrating the functions of its different health care delivery programs to the maximum extent possible, TDH continued to test integrated policies and procedures, reimbursement methodology, combined contracts and attachments, and IT system known as **Service Delivery Integration** (SDI). Over the last two years, a fifth pilot contractor joined the project and the TB Elimination Program joined Title V, Title X, Title XX, and Primary Health Care as in-scope programs. SDI continued to re-engineer program functions to eliminate and/or reduce the “silo effect” by integration, simplification, and standardization of policies and procedures, and to improve program efficiencies and effectiveness. Key areas of improvement include screening and eligibility determination (including poverty income guidelines and co-pay guidelines) at the family level for entry into in-scope programs or for referral out to appropriate programs when not eligible for SDI, or when services are not provided by SDI; seamless automated billing, reporting, reimbursement, and real-time data systems for contractors; and, a



single unified quality assurance tool and review process based on the integrated policies of SDI. In FY 2003, a re-assessment of the integrated policies was conducted with the program funding sources. Some program policy adjustments were made at the time. With the passage of HB 2292 mandating the transformation of health and human service agencies, the guiding principles in SDI are consistent with the new consolidation goals. Implementation of management recommendations from the review of TDH regulatory programs was completed, with the exception of an integrated regulatory automation system pending funds to implement the competitive bid proposals for a new automation system.

Evaluation

Through the agency's biennial Strategic Plan for Performance-based Budgeting, work with the LBB/GOBP to develop outcome performance measures that reflect department priorities and state health improvement goals

OUTCOME: The abolishment of existing state agencies and the creation of DSHS by House Bill 2292 necessitated changes to the structure of the department's budget and appropriation. The restructuring, done in Spring of 2003 with the Legislative Budget Board and Governor's Office, included proposed changes to the department's established performance measures, which demonstrate accountability for appropriated funds. Staff from TDH, MHMR, and TCADA have worked with the Legislative Budget Board and the Governor's Office to finalize performance measures for the new budget structure.

As Texas State Strategic Health Partnership workgroups identify indicators for each of the state system priority goals, and as data systems mature to provide timely and specific health outcome data, DSHS will be able to consider how to incorporate performance measures to demonstrate the department's contributions to the statewide health improvement priorities.

To support the efforts in evaluating progress toward achieving the state's priority health and system improvement goals, train local and state health department staff to evaluate impact on health outcomes

OUTCOME:

Much of the public health workforce training over the last two years corresponded to the need for capacity building for preparedness in the public health system. A course developed with the Texas Public Health Training Center on principles of public health practice included a basic treatment of health assessment for practicing public health professionals lacking formal education in public health.



Perform an evaluation of department activities that documents program-specific and agency-wide impact on health outcomes in Texas

OUTCOME: A department-wide evaluation of programmatic activities is still on the horizon, and specific action for linking manager accountability for unit performance to impact on outcomes will be taken by DSHS as part of the department's optimization plan for FY 05. However, several fundamental steps have been taken since September of 2002. A department-wide functional review conducted in 2003 provided a recent comprehensive baseline description of the department's services, program activities, and whom the programs serve. With a streamlined organizational structure established for DSHS along major functional areas, it will be more feasible to describe broad health improvement goals and link programs to the goals through the health improvement outcomes they intend to produce. As the Texas State Strategic Health Partnership workgroups identify indicators for each of the priority goals, and as data systems mature to provide timely and specific health outcome data, further progress is expected.

Evaluate progress toward business improvement goals

OUTCOME: With its function of business process assessment, the Business Improvement Office established a central role in developing standard business improvement processes and conducting reviews of business practices in FY 2003. Through the consolidation process of health and human services agencies mandated by HB 2292, two new offices were created to monitor department progress toward business improvement goals as new standardized processes are adopted internally for DSHS and across the HHS enterprise. The **Department Program Management Office** ensures processes are in place for the formation and initial operation of DSHS; the Center for Program Coordination takes the lead in coordinating business process improvement in DSHS programs.

Target Two Implications for the Future:

Work accomplished over the past two years has provided a solid start toward the initial intention of Target Two: to ensure that a well coordinated, efficiently functioning state department of health exists in Texas' public health system. The passage of House Bill 2292 in May of 2003 has had significant impact on the work in TDH to achieve Target Two. First, HB 2292 surpassed some of the intentions of Sunset legislation with its restructuring of program services, program support, and administrative services in the state health and human service agencies, and clearly set new standards for performance. Secondly, HB 2292 validated progress that had already been achieved in specific Target Two projects since many principles behind the *Comprehensive and Strategic Operational Plan* were consistent with those behind HB 2292.



There is more work to be done after the Department of State Health Services comes alive on September 1, 2004, and HB 2292 has added more impetus and opportunity to move beyond the status quo. Several areas will benefit from focused effort in DSHS. They are:

- While DSHS inherits an expected leadership role in the state public health system, the capacity to assume that role across TDH programs varies with how well these internal organizational units engage with external partners. There is much to be learned by sharing responsibility and leadership for health among system wide partners. Sorting out and operationalizing the appropriate leadership/partnership role will continue to challenge the new DSHS and its relationship to the public health system. Great promise is held for the new DSHS Center for Customer and External Affairs to set standards and guide processes for stakeholder interaction throughout DSHS program areas.
- Health data is the currency that drives health improvement. The capacity of the public health system to identify and address public health priorities depends on accurate, timely, localized information on health status measures, health resources, and health needs. With measures in place to ensure protection of privacy as required by the federal Health Insurance Portability and Accountability Act of 1996(HIPPA), TDH and the public health partners on the Goal L data workgroup have laid the foundation for coordinating and improving accessibility to data resources that exist. In the next phase of building integrated data collection and reporting systems, DSHS will also need to concentrate on deploying the data to measure progress toward health outcomes, and anchoring department performance to evidence-based practice to achieve health improvement priorities.
- Progress has been made through past efforts to increase programmatic effectiveness, the new DSHS is strategically positioned to support the public health system in its ongoing initiatives for preparedness, for developing systems and workforce capacity at the local and state level, for service consolidation, and for business improvement within the department. As part of the Health and Human Services System consolidation under HB 2292, DSHS will aggressively continue to optimize its programs and systems as they relate to clients; service delivery; employees; department organization; infrastructure and processes; and, partners, stakeholders, and providers.
- As its identity as the state public health agency passes from TDH into the more broadly-focused DSHS, the new department must be prepared to assume an expected leadership role in the public health system. It must set the vision, tone and the framework for public health improvement in Texas. It must work diligently to maintain and sustain partnership efforts, which are aimed at the common good of all in the state. The work of TDH over the last two years to enhance its effectiveness now becomes a critical charge for DSHS to carry forward as it optimizes its services and business practices as part of the Health and Human Services Enterprise.





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